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Form **990** 

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A	For the 2	013 cale	endar year, or tax year beginning January , 2013, and endin	g Dec	ember	, 20 13		
В	Check if ap		C Name of organization Augusta Locally Grown, Inc.		D Employ	er identification number		
	Address ch	ange	Doing Business As Augusta Locally Grown, Inc.			45-3581329		
	Name chan	-	Number and street (or P O box if mail is not delivered to street address) Room/su	ite	E Telepho	ne number		
	Initial return	•	4698 Silver Lake Drive		706-288-7895			
$\bar{\sqcap}$	Terminated		City or town, state or province, country, and ZIP or foreign postal code					
$\overline{\Box}$	Amended r		Evans, Georgia 30809		<b>G</b> Gross re	eceipts \$ 337,237.21		
Ħ	Application			H(a) is this a c		subordinates? Yes V No		
_	, фриссион	ponding	Amy Sutter, Board President			s included? Yes No		
1	Tax-exemp	t status				a list (see instructions)		
<u>.                                     </u>	Website:		rw.augustalocallygrown.org	H(c) Group	exemption	number ▶		
K			✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of format		<del></del>	of legal domicile: GA		
_		Summ		2011	1			
	<del></del>		escribe the organization's mission or most significant activities: Augus	ta Locally G	rown enga	ages the community in		
ø		•	nal programs, community events and farmers markets to encourage people					
Ĕ	1		asonal, sustainably-grown foods. We promote health, environmental stewar					
Ē			his box ▶ ☐ if the organization discontinued its operations or disposed					
Activities & Governance	1		of voting members of the governing body (Part VI, line 1a)	J. 111010 a.la.	3	9		
9	10		of independent voting members of the governing body (Part VI, line 1b)			0		
8			mber of individuals employed in calendar year 2013 (Part V, line 2a)		5	0		
₹	1		mber of volunteers (estimate if necessary)		6	150		
3	1		related business revenue from Part VIII, column (C), line 12		7a	130		
	1		elated business taxable income from Form 9901, line 34		7b			
200	0 1	et unie	RECEIVED	Prior Y		Current Year		
L'ANGEMENT CO	8 0	ontribu	utions and grants (Part VIII, line 1h)	1	6,926.14			
<b>52</b>	1		n service revenue (Part VIII, line 2g)	<del>                                     </del>	44,100.28	16,990.51		
-5	10 Ir	wootma	ent income (Part VIII, column (A), lines 3 4, and 70 2 5 2014	<del>                                       </del>	0.00	51,396.33		
2	11 0	ther re	ent income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<del>                                     </del>		0.00		
ř			venue—add lines 8 through 11 (must equal Part Mil-column A), lines 3, our set, set, 100, and 119, lines 12)	<u> </u>	72,179.17	268,850.37		
			and similar amounts paid (Part IX, column (Å), lines 1-3).	3	23,205.59 1,200.00	337,237.21		
4	1		paid to or for members (Part IX, column (A), line 4)	Υ		250.00		
s	145 0		other compensation, employee benefits (Part IX, column (A), lines 5–10)	<del></del>	0.00	0.00		
Expenses	10 0		· · · · · · · · · · · · · · · · · · ·	··-··	0.00	0.00		
Ë	16a P		ional fundraising fees (Part IX, column (A), line 11e)		0.00	0,00		
8	b T		ndraising expenses (Part IX, column (D), line 25) \$2,834.86		40.000.40	226 044 46		
	17		kpenses (Part IX, column (A), lines 11a–11d, 11f–24e)		19,639.19	336,244.16		
			·	3	20,839.19	336,594.16		
_		evenue		Beginning of C	2,366.40 urrent Year	643.05 End of Year		
let Assets or	<u> </u>	-4-1	sets (Part X, line 16)			6.186.24		
SSS	20 T		` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		5,543.19 0.00	0.180.24		
\$	21 T		bilities (Part X, line 26)	<del></del>	5,543.19	6,186.24		
	22 N art II		ets or fund balances. Subtract line 21 from line 20		5,545.15	0,100.24		
			nury, I declare that I have examined this return, including accompanying schedules and state	ments and to	the best of	my knowledge, and heliaf, it is		
tru	noer penaltic Je. correct. a	and comp	plete Declaration of preparer (other than officer) is based on all information of which prepare	r has any know	ledge.	iny kilowieuge wid belief, it is		
-	<del></del>		Alle D. Luft A					
Sig	an	Sign	nature of officer	D	ate 🕜			
`	ere	y Oigi	Amy Sutter president		The Se	- 1944		
•••	,	Typ	be or print name and title					
_		,		ate	- I	PTIN		
	aid		Xx		Check setf-em	<b>□</b> #		
	eparer	Firmle		E	m's ElN ▶	· · · · · · · · · · · · · · · · · · ·		
U	se Only					<del></del>		
₩	v the IRS		address ► ss this return with the preparer shown above? (see instructions)	<u>, PN</u>	one no.	Yes No		
_	·			No 11282Y	· · · · · ·	Form <b>990</b> (2013)		
r O	raperwo	n n nedl	ucuyii Act 1100ce, see ule sepalate ilisuucuolis. — — — — — — — — — — — — — — — — — — —	10 114041		. 5.111 000 (2010)		



Part l	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Augusta Locally Grown promotes growing, buying, cooking, preserving, eating and enjoying local, seasonal, sustainably-grown food.
	Our efforts include creating and managing farmers markets, cooking education programs, home gardening education programs, farm
	volunteer days, new farmer programs, nutrition education, healthy food access in low income areas, summer camps, farmers market
	events, and connecting farms to chefs & schools, all with a focus on local agriculture as foundational to a healthy, vibrant community.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 319,847.40 including grants of \$ 0.00 ) (Revenue \$ 323,371.26 )
	FARMERS MARKET MANAGEMENT: In 2013, ALG managed three very different types of farmers markets located throughout the area:
	1) THE ALG ON-LINE MARKET is the first, direct farm-to-consumer farmers market in the Augusta area, with pick-up locations in three
	different locations. This market is a service to local farmers in that it significantly streamlines the market process for more effective
	use of time and resources for farmers. In 2013, the on-line market included about 60 farmers, many of them hobby farmers who are
	new to farming and/or farmers markets. As such, Augusta Locally Grown also provides a service to new farmers by helping them
	understand and work within the county, state and federal guidelines for food safety and economic benefit of all. It runs year-round.
	2) THE EVANS TOWNE FARMERS MARKET is a traditional, direct farm-to-consumer farmers market in Columbia County, GA. It is a
	weekly market located in the heart of the county seat. The market features extensive childrens' education programs, cooking demos,
	cooking contests, and grow-your-own garden education programs. It runs March-October.
	3) THE VEGGIE TRUCK FARMERS MARKET is a traditional, direct farm-to-consumer market in the low income neighborhood of
	Harrisburg, It is the only market in Augusta that accepts EBT/SNAP and also the first Wholesome Wave EBT/SNAP doubling program
4b	In the area. It enjoys significant volunteer support from Medical College of Georgia students and local churches. Runs March-October.  (Code: ) (Expenses \$ 9,989.82 including grants of \$ 0.00) (Revenue \$ 10,218.38)
40	
	EDUCATION PROGRAMS: In 2013, Augusta Locally Grown conducted a variety of educational programs targetted at a wide audience.
	This included:
	1) CULINARY ARTS YOUTH COOKING CLASSES - at Fort Gordon Army Base and at several Boys & Girls Clubs throughout Augusta.
	2) TEACHING GARDENS FOR YOUTH - at St. Luke United Methodist Church and with the BenderDigger Project at River Island.
	3) GROW-YOUR-OWN GARDENING WORKSHOPS FOR ADULTS - at the Evans Towne Farmers Market and at local garden clubs.
	4) LOCAL FOODS EDUCATION SPEAKING ENGAGEMENTS - at local hospitals, churches, schools and youth programs.
	5) LOCAL FOODS EDUCATION SPECIAL EVENTS - including the "BenderDinker," a large kayaking and local foods awareness event.
	6) FARM WORKSHOPS AND TOURS - Including educational farm tours, hands-on workshops, and farm-to-table dinners.
	7) THE KIDS MARKET PASSPORT PROGRAM - a seasonal foods education program, similar to a library summer reading program.
	8) CAMP VEGGIE TRUCK - a free, five-session, all-day camp for 50 low income children, focused on cooking and gardening.
	9) MEDIA -Given Augusta's status as "America's Fifth Fattest City," our work regulres lots of public education about seasonality,
4c	nutrition and the economic benefits of buying, growing and eating locally. We work closely with local media to accomplish this.  (Code: ) (Expenses \$ 0.00 including grants of \$ 0.00) (Revenue \$ 0.00)
+0	STUDENT INTERN PROGRAM AND VOLUNTEER PROGRAMS: In 2013, Augusta Locally Grown voluntarism continued as the driving
	force behind our mission.
	1) HIGH SCHOOL STUDENT INTERNSHIP PROGRAM - Our student intern program for high school students involves them in the
	management of our farmers markets, in hosting special events, in assisting with our educational programs, and in a wide variety of
	farm-based or garden-based projects of their choosing. All student interns do several volunteer days on farms to better learn about
	the complexity of tasks involved in sustainable farming. Those who commit to a full semester of volunteer hours (3 hours per week)
	receive a small stipend. Students who use the opportunity to complete their senior project volunteer without a stipend. Intern projects
	completed in 2013 included: a) helping to start and design our "Kids Market Passport Program" at the markets; b) organizing two
	successful "Crop Mob" volunteer events, one at a mushroom farm and one at an organic vegetable farm; c) working as a beekeeper;
	d) working on an herb farm and learning the health benefits of herbs.
	2) VOLUNTEERS - In 2013, we enjoyed the help of approximately 150 volunteers, including those who help run our farmers markets,
	our special events, our educational programs and our fundraising event. Costs include minimal travel stipends, tshirts, & event food.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0.00 including grants of \$ 0.00) (Revenue \$ 0.00)
4e	Total program service expenses > 329 837 22

Parti	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	•	1
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>\</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		20 E	Mary No.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		<b>√</b>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ľ

Part	Checklist of Required Schedules (continued)			,
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	-	1
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	<u> </u>	<u> </u>
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	:	1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	:	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		, -
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	00		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
C Ga	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	qifts were not tax deductible?	6b	✓	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			أساسا
	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>✓</b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b> ~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>✓</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	}		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	- 8	-	,
^	organization, have excess business holdings at any time during the year?	-		<b>-</b>
9	Did the organization make any taxable distributions under section 4966?	9a		/
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a	Gross income from members or shareholders	}		
р	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	l	1
. <u>—</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	14a		1
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<del>                                     </del>	\ <u> </u>
	ii 100, has it filed a form 720 to report these payments in 110, provide an explanation in conseque of		n 990	(2013)

Part	ow, and O. See ir	struct	ions.							
Section	Check if Schedule O contains a response or note to any line in this Part VI	• •	<u> </u>	. 🗸						
Secu	on A. Governing Body and Management		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	9								
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship w any other officer, director, trustee, or key employee?	2	-	<b>/</b>						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .									
4 5 6 7a	<ul> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Did the organization have members or stockholders?</li> </ul>									
b	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?			1						
8	Did the organization contemporaneously document the meetings held or written actions undertaken duri the year by the following:									
a b 9	The governing body?	at		<u> </u>						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u></u>	<u>                                     </u>						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Re	venue (	yes	) No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>√</b>						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapte affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	rs,								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	7 112	1 1							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-	1 2						
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a ts? 12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye describe in Schedule O how this was done	s," 120	· /							
13	Did the organization have a written whistleblower policy?	13	_	1						
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by 🗍		1						
а	The organization's CEO, Executive Director, or top management official	P-		/						
b	Other officers or key employees of the organization	151		1						
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
b	with a taxable entity during the year?		•	1						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard to organization's exempt status with respect to such arrangements?	he	,	ز						
	ion C. Disclosure									
17 18	List the states with which a copy of this Form 990 is required to be filed Georgia  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Se available for public inspection. Indicate how you made these available. Check all that apply.	ction 50	1(c)(3):	s only)						
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.	f interes	t polic	y, and						
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: ► Kim Hines, 4698 Silver Lake Drive, Evans, GA 30809, 706-288-7895	ords of th	10							

Part VII	Compensation of Officers, Directors	Trustees, Key E	mployees, Highe	st Compensated	Employees, and
	Independent Contractors			-	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if fielder the organization no	Turiy rollaro	<u> </u>	<u> </u>	(6	C)			log any canon		, 0
(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)	(F)
Name and Title	Average hours per					is both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any		_				<u>_</u> _	from	related organizations	other
	hours for related	divid	stitu	Officer	ey e	age ge	Former	the organization	(W-2/1099-MISC)	compensation from the
	organizations below dotted		Institutional trustee	"	Key employee	88	=	(W-2/1099-MISC)		organization and related
	line)	trust	al to		yee	mpe				organizations
		8	stee			Highest compensated employee				
	<u> </u>		-	_	-	<u> </u>	$\vdash$	<del> </del>		
(1) Landon Dawson	5									
Board President				✓			_	0.00	0.00	0.00
(2) Jan Perry	11	1		١,						
Board Vice President	ļ	ļ		1		ļ	<b> </b>	0.00	0.00	0.00
(3) Rachel Hudson	11	ļ		١,						_
Board Secretary	· · · · · · · · · · · · · · · · · · ·		<b>-</b>	1			⊢	0.00	0.00	0.00
(4) Judy Maxwell	ļ <u>1</u>			/						
Board Treasurer	<u> </u>	ļ		<b>*</b>	_	-	<del> </del>	0.00	0.00	0.00
(5) Matt DeMatteo	ļ <u>1</u>	/								
Board Member	4	<b></b>		-		├	-	0.00	0.00	0.00
(6) Jenny Jia Board Member	+ <del></del>	1				}		0.00	0.00	0.00
(7) Sandy Legette	1	<b>├</b>		┝	┢╌	<del> </del>	-	0.00	0.00	0.00
Board Member	<del> </del>	1			1			0.00	0.00	0.00
(8) Janie Peel	1	<del></del>		_	┢		<del>                                     </del>	0.00	0.00	0.00
Board Member	<del> </del>	1		1		1		0.00	0.00	0.00
(9) Amy Sutter	1							5,55	0.55	0.00
Board Member	†	1						0.00	0.00	0.00
(10) Kim Hines, Executive Director	50									
(not compensated as director, just as instructor)	1	1		İ				2,790.00	0.00	0.00
(11)										
	<u> </u>	l		Ĺ						
(12)	<b>↓</b>									
(13)		<u> </u>	-	-	-		_			<del></del>
1.27	†	1								
(14)								<del>                                     </del>		·····
	1	l	l i	l	1	l	1	I	1	

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (con	tinued)			
	(A)	(B)			Pos	C) Ition			(D)	(E)			<b>F</b> )	
	Name and title	Average	(do not check more to box, unless person is				ıs both an		Reportable	Reportable	_	Estır	nated	
		hours per week (list any hours for related organizations below dotted line)	Individua or directo				Highest compensated employee	e) Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC		ot compe fror orgar and i	unt of ther ensation the nization related ization	ר ו
(15)							Ь							
(16)											1			<u> </u>
(17)														
(18)														
(19)								-			1			
(20)						-								
(21)														
(22)													***	
(23)														
(24)														
(25)														
1b c	Sub-total	VII, Sectio	n A					<b>&gt; &gt;</b>	2,790.00			1		
2	Total number of individuals (including bu reportable compensation from the organ	t not limited	to th	nose	list	ted	above			<del></del>	000 of			
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	tor, o	or tr	ust ind	ee, ividi	key e	emp	oloyee, or high	nest compens	ated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater th	porta an \$	ble 150,	con ,000	npei )? <i>I</i> :	nsatio f "Ye.	on a s,"	and other comp complete Sch	pensation from sedule J for s	the such	4		1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co? If "Yes," o	ompe comp	nsa lete	tion <i>Scl</i>	froi hedu	m any ule J f	ur for s	nrelated organi: such person	zation or indivi		5		1
Section	on B. Independent Contractors								<del></del>					
1	Complete this table for your five highest compensation from the organization. Re year.	compensat port compe	ed inc ensation	dep	end or tl	lent he c	contralend	act lar	ors that receive year ending with	ed more than the	6100,00 organi	of of zatio	on's t	ax
	(A) Name and business add	dress							(B) Description of s	services	Corr	(C) pens	ation	
											- <del></del>			
								F			······································		· · · · ·	
2	Total number of independent contract received more than \$100,000 of compen							t	nose listed ab	ove) who				

Pan	: VIII					anu luna in Ahia	Dort VIII		a
		Check if Schedule O co	ontains a	res	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रु रु	1a	Federated campaigns .	]	1a	0.00				
irar oun	ь	Membership dues	-	1b	0.00	;	,		
S, G	C	Fundraising events	[	1c	3,647.57	}			
Sift.	ď	Related organizations .	[	1d	0.00				}
š, Ē	e	Government grants (contrib		1e	0.00	}			
tio er S	f	All other contributions, gifts,					Ì		
草草	1	and similar amounts not includ	L	1f	13,342.94		1		}
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included			0.00		1		]
	h	Total. Add lines 1a-1f.	<del></del>	<u> </u>		16,990.51			<del> </del>
Program Service Revenue					Business Code				
eve	2a	On-Line Farmer Market Se			<del></del>	39,431.33	39,431.33		<del></del>
<u>е</u>	b	Evans Farmers Market Se				9,975.00	9,975.00	<del></del>	<del> </del>
Ž	d	Veggle Truck Market Serv Educational Programs & \			-	1,990.00	1,990.00		<del></del>
Š	e	Student Interns & Volunte			<del></del>	0.00	0.00	<del></del>	<del></del>
grat	f	All other program service				0.00	0.00	<del></del>	
Ę.	g	Total. Add lines 2a-2f.				51,396.33	0.00]		<u> </u>
	3	Investment income (inc						<del></del>	
	,	and other similar amoun	ts)		>	0.00			<b>,</b>
	4	Income from investment of	tax-exen	npt bo	ond proceeds▶	0.00			
	5	Royalties			<u> ►</u>	0.00			
	}		(i) Real		(II) Personal				
	6a	Gross rents							]
	b	Less: rental expenses			<u> </u>				
	С	Rental income or (loss)	<del></del>			1	-		ļ
	d	Net rental income or (los		•	<b>&gt;</b>	0.00		<del></del>	
	7a	Gross amount from sales of assets other than inventory	(i) Securiti		(ii) Other				
	b	Less: cost or other basis and sales expenses .				f			
	C	Gain or (loss)				]	j		]
	d	Net gain or (loss)			▶	0.00			<b> </b>
Revenue	8a	Gross income from fund events (not including \$ of contributions reported of		<u>.</u>					
Other		•	• •	_					
Ó	b	Less: direct expenses .  Net income or (loss) from			events . ►	0.00	ł		}
	,	Gross income from gamin See Part IV, line 19	ng activit	ies.	events . P	0.00		····	
	b	Less: direct expenses . Net income or (loss) from			vities ▶	0.00			
	10a	Gross sales of inverteums and allowances							
	b	Less: cost of goods sold					į		ļ .
	c	Net income or (loss) from		f inve		0.00			
	<u> </u>	Miscellaneous Reve	<del></del>		Business Code	)	j		]
	11a				<b></b> _	263,630.34			263,630.34
	b	Customer Payments ETFI				1,164.00			1,164.00
	C	Customer Payments to VI All other revenue	~		<b></b>	4,056.03			4,056.03
	d	Total. Add lines 11a-11	 d			0.00			0.00
	12	Total revenue. See insti				268,850.37 337,237.21	51,396.33	0.00	268,850.37
				<u> </u>		001,201.21	31,030.33	0.00	Form <b>990</b> (2013)

Part IX Statement of Functional Expenses

	X Statement of Functional Expenses	anlata all columns. Al	l other emenizations	must complete coli	umn (A)					
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			general expenses	одолось					
2	Grants and other assistance to individuals in	250.00	250.00		<del></del>					
~	the United States. See Part IV, line 22	0.00	0.00	]						
3	Grants and other assistance to governments.	0.00	0.00							
•	organizations, and individuals outside the United States. See Part IV, lines 15 and 16			1						
	<b>i</b> -	0.00	0.00	<del></del>	<del></del>					
4 5	Benefits paid to or for members Compensation of current officers, directors,	0.00	0.00							
3	trustees, and key employees	0.00	0.00	5						
6	Compensation not included above, to disqualified	0.00	0.00	<del></del>	<del></del>					
·	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2.22								
7	<u>}</u>	0.00	0.00	<del></del>						
7 8	Other salaries and wages	0.00	0.00							
J	section 401(k) and 403(b) employer contributions)	0.00	0.00	{						
9	Other employee benefits	0.00	0.00	<del></del>						
10	Payroll taxes	0.00	0.00		<del></del>					
11	Fees for services (non-employees):	0.00	0.00							
a	Management	7,395.00	7,395.00							
b	Legal	50.00	50.00							
C	Accounting	1,600.00	1,600.00							
d	Lobbying	0.00	0.00							
е	Professional fundraising services. See Part IV, line 17	0.00								
f	Investment management fees	0.00	0.00							
g	Other. (If line 11g amount exceeds 10% of line 25, column	{								
	(A) amount, list line 11g expenses on Schedule O.)	13,773.00	13,773.00							
12	Advertising and promotion	4,456.91	4,456.91		<del></del>					
13	Office expenses	594.83	594.83		<del></del>					
14	Information technology	8,859.73	8,859.73	<del></del> }-						
15 16	Royalties	0.00 5,054.92	0.00 5,054.92		<del></del>					
17	Travel	208.96	208.96		<del></del>					
18	Payments of travel or entertainment expenses	200.90	208,90							
-	for any federal, state, or local public officials	0.00	0.00							
19	Conferences, conventions, and meetings	0.00	0.00							
20	Interest	0.00	0,00							
21	Payments to affiliates	185.00	185.00							
22 23	Depreciation, depletion, and amortization . Insurance	0.00	732.00							
	ŀ	732.00	732.00	<del></del>	<del></del>					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	ļ	-	1						
	line 24e amount exceeds 10% of line 25, column		}	1	T.					
	(A) amount, list line 24e expenses on Schedule O.)	· }	}	}						
а	Education Programs Expenses	9,989.82	9,989.82		<del></del>					
b	Farmers Market Programs & Educ Expenses	9,448.16	9,448.16							
С	Fundraising Expenses	2,834.86			2,834.86					
d	Payout to Farmers at Farmers Markets	270,260.97		270,260.97						
е	All other expenses Govt Fees	900.00		900.00						
25	Total functional expenses. Add lines 1 through 24e	336,594.16	62,598.33	271,160.97	2,834.86					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)									
	<del>`</del>	<del></del>		<del></del>	Form 990 (2013)					

٢	art X		<u></u>			<u> </u>
		Check if Schedule O contains a response or	r note to any line in this Par	t X		🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		5,543.19	1	6186.24
	2	Savings and temporary cash investments		0		0
	3	Pledges and grants receivable, net	Г	0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and				
		trustees, key employees, and highest co	ompensated employees.			i
		Complete Part II of Schedule L		0	5	0
s	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche	nd contributing employers and htary employees' beneficiary	0		0
set	7	Notes and loans receivable, net	<b>}</b>	0	-	0
Assets	8	Inventories for sale or use	F	0	<del></del>	0
-	9	Prepaid expenses and deferred charges		0	<del></del>	
	10a	Land, buildings, and equipment: cost or	1 '1 '			
		other basis. Complete Part VI of Schedule D	10a 0			
	ь	·	10b 0		10c	
	11	Investments—publicly traded securities	<del></del>		11	0
	12	Investments—other securities. See Part IV, line	0	<del></del>	0	
	13	Investments—program-related. See Part IV, line		13	0	
	14	Intangible assets		14	0	
	15	Other assets. See Part IV, line 11	F-	0	-	<u>_</u> 0
	16	Total assets. Add lines 1 through 15 (must equal to the control of		5.543.19		6186.24
	17	Accounts payable and accrued expenses		3,343.19		0100.24
	18	Grants payable			-	0
	19	Deferred revenue	0			
	20	Tax-exempt bond liabilities	0		0	
	21	Escrow or custodial account liability. Complete	0		0	
ø	22	Loans and other payables to current and for				
Ë	22	trustees, key employees, highest comper				
壹		disqualified persons. Complete Part II of Schedu		0	22	0
Liabilities	23	Secured mortgages and notes payable to unrela	<del> -</del>		1	0
_	24	Unsecured notes and loans payable to unrelated	-	0	<del>                                     </del>	0
	25	Other liabilities (including federal income tax,			<u> </u>	<u></u>
	25	parties, and other liabilities not included on line	s 17-24). Complete Part X			
		of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25		0		0
	20	Organizations that follow SFAS 117 (ASC 958		<u>_</u>		······································
98		complete lines 27 through 29, and lines 33 an				'
2	27	Unrestricted net assets			27	
<u>a</u>	28	Temporarily restricted net assets			28	
8	29	Permanently restricted net assets			29	
Š		Organizations that do not follow SFAS 117 (ASC 9				
T.		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
Set	31	Paid-in or capital surplus, or land, building, or e			31	
Aŝ	32	Retained earnings, endowment, accumulated in		<del>-, -, -, -,</del>	32	
e e	33	Total net assets or fund balances			33	***************************************
Z	34	Total liabilities and net assets/fund balances .			34	
_						<del></del>

Page	1	2

01111 3	30 (2010)				г	age iz
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	337,237.21			
2	Total expenses (must equal Part IX, column (A), line 25)	2			594.16	
3	Revenue less expenses. Subtract line 2 from line 1	3	643.05			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			5,	543.19
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				-	
	33, column (B))	10			6,	186.24
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			!
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		- 1			<u> </u> _j
þ	· · · · · · · · · · · · · · · · · · ·		. [	2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a			]
	separate basis, consolidated basis, or both:		1			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
C						
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		L
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in	1		
	Schedule O.					
3a		forth	in			
	the Single Audit Act and OMB Circular A-133?			3a		✓
þ			ne (			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udıts.		3ь		
				Form	990	(2013)

## AUGUSTA LOCALLY GROWN 2013 NON-EMPLOYEE COMPENSATION

	A	В		С	D
1	NAME	ROLE(S)	YR TOTAL		1099?
2	Branden Critell	ALG On-Line Market Manager	\$	890.00	yes
3	Alexis Carraway	ALG On-Line Intern	\$	900.00	yes
4	Leslie Carson	ALG On-Line Market Manager - 2200.00	\$	3,800.00	yes
5		ETFM Market Accounting - 1600.00			-
6	Landon Dawson	ALG On-Line Market Manager	\$	400.00	no
7	Rebecca Forry	ALG On-Line Intern	\$	175.00	no
8	Briaunna Goodin	ALG On-Line Intern	\$	425.00	no
9	Amy Griggs	ALG On-Line Intern	\$	475.00	no
10	Charley Hagist	ALG On-Line Intern	\$	50.00	no
11	Caroline Hamlett	Education Instructor, VT	\$	375.00	no
12	Seth Hernandez	ALG On-Line Intern	\$	25.00	no
13	Kim Hines	ETFM Market Education - \$800.00	\$	2,790.00	yes
14		Education Instructor - \$1990.00, FG, BGC			-
15	Maggie Hines	Education Instructor, VT - \$500.00	\$	1,055.00	yes
16		ETFM Education - \$300.00			
17		ALG On-Line Manager - \$255.00			-
18	Josh Johnson	ALG On-Line Intern	\$	525.00	no
19	Sandra Johnson	ALG On-Line Market Manager	\$	2,300.00	yes
20	Kyong Ku	ETFM Intern	\$	750.00	yes
21	Mclain Lambert	ALG On-Line Intern	\$	670.00	yes
22	Carly McClellan	ETFM Volunteer Manager	\$	550.00	no
23	Haley Rohe	ETFM Intern	\$	25.00	no
24	Nancy Seitz	ETFM Sign Waiver	\$	980.00	yes
25	Kenzie Schwartz	ALG On-Line Intern	\$	650.00	yes
26	Jackson Taylor	ALG On-Line Intern - \$1075.00	\$	1,125.00	yes
27		ETFM Music - \$50.00			
28	Samantha Taylor	Education Instructor, VT	\$	375.00	no
29	Kristina Williams	ETFM Marketing Consultant	\$	800.00	yes
30	Daniel Willingham	ALG On-Line Intern	\$	1,105.00	yes
31	Erin Willingham	ETFM Intern	\$	250.00	no
32	Tabias Wright	ALG On-Line Intern	\$	1,183.00	yes
33	Jason Wynn	Education Instructor, BGC	\$	120.00	no
34	27 total people		\$	22,768.00	
35					
36	SUMMARY:				
37	INTERNS		\$	8,333.00	<u> </u>
38	MARKET MANAGERS		\$	7,395.00	
39	ACCOUNTING		\$	1,600.00	
40	MARKETING		\$	1,780.00	
41	INSTRUCTORS		\$	3,660.00	